

**SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

Office of Vital Statistics  
719 S. Santa Rosa, Suite A  
San Antonio, Texas 78204  
(210) 207-8754

**APPLICATION FOR BIRTH, DEATH OR IMMUNIZATION RECORD**  
**(VERSIÓN EN ESPAÑOL AL REVERSO)**

☐ **BIRTH CERTIFICATE**

# of copies requested

\_\_\_\_\_ Local Copy (Born in Bexar County) \$12.00 per copy  
\_\_\_\_\_ State Copy (Born in Texas after 1925) \$13.83 per copy  
\_\_\_\_\_ Wallet Size (Born in Texas after 1925 & at least 6 months of age) \$13.83 per copy and \$13.83 per certificate cover

☐ **DEATH CERTIFICATE**

# of copies requested

\_\_\_\_\_ \$10.00 (1<sup>ST</sup> copy)  
\_\_\_\_\_ \$4.00 (additional copies of same certificate ordered with this death certificate request)

**Note:** There is a \$9.00 search fee for each year searched when individual does not know the date of birth or date of death and wants staff to research the files to locate a certificate. The fee will be collected prior to the search and is non-refundable.

☐ **IMMUNIZATION RECORD**

# of copies requested

\_\_\_\_\_ \$3.00 per copy

**Payment Methods:** Cash, credit card, check or money order made payable to City of San Antonio.

To obtain a certificate:

- (1) You must be the person named on the certificate or immunization record or the father, mother, brother, sister, spouse, grandparent, legal guardian or legal representative; and
- (2) You must possess proper identification; either (a) or (b) below:
  - (a) Photo ID (e.g. driver's license, employment badge or card, federal/state/county/city ID, student ID, military ID) *OR*
  - (b) Two valid forms of identification such as your social security card, voter's registration card, clinic or health insurance card, hunting or fishing license, credit card or library card).

1. Full name of person on certificate or immunization record: \_\_\_\_\_  
Sex (Male or Female): \_\_\_\_\_
2. Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City & County): \_\_\_\_\_, \_\_\_\_\_
3. Date of Death (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Death certificates available only for deaths in Bexar County.
4. For birth certificate Full name of father: \_\_\_\_\_ Full maiden name of mother: \_\_\_\_\_
5. Purpose for obtaining this certificate (check one of the following): \_\_\_\_\_ School \_\_\_\_\_ Day Care \_\_\_\_\_ Employment \_\_\_\_\_ Travel \_\_\_\_\_ Sports \_\_\_\_\_ Retirement \_\_\_\_\_ Legal \_\_\_\_\_ Insurance \_\_\_\_\_ Other (Specify): \_\_\_\_\_
6. Relationship to person named on certificate: \_\_\_\_\_
7. Applicant's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
8. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_
9. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000.00 (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195-200).**

**OFFICE USE ONLY**

Identification type & number (driver's license, ID card, etc): \_\_\_\_\_

State Registrar File No: \_\_\_\_\_ Local Registrar File No: \_\_\_\_\_

Form control number: \_\_\_\_\_ through \_\_\_\_\_